





# Amoco Oil Company

Wood River Refinery Post Office Box 182 Wood River, Illinois 62095

Manufacturing Department 618-251-2200

RECEIVED

AUG 14 19:1

WASTE MANAGEMENT BRANCH EPA, REGION V

August 12, 1981

United States Environmental Protection Agency Region V 111 West Jackson Boulevard Chicago, Illinois 60604

### Gentlemen:

Attached is the original document, cover letter and a new form with Sketch "H" depicting Waste Site Location, Reference Number 1LS-000-001-015.

Yours truly,

R. J. Baechle Refinery Manager

J. Backle

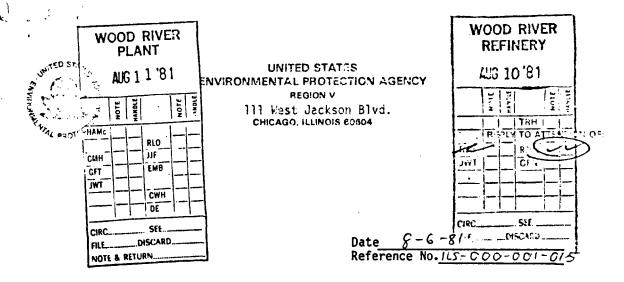
CAB/de

Attachment

J. G. Huddle

AUG 17 1981





Dear Superfund Notification Respondent:

The U.S. Environmental Protection Agency (EPA) has received the information you filed pursuant to Section 103(c) of the Comprehensive Environmental Response, Compensation and Liability Act (Superfund). We are hereby returning this document for the following reason:

- Essential information is missing or illegible. Red circles indicate such items.
- It cannot be determined whether your notification was <u>legally required</u> or whether you were <u>not</u> required to report the site for which you notified.
- You failed to sign and/or date the document.

Please provide the information requested either on the original document or on the blank form enclosed herein. Return the original document, this letter, and the new form if (necessary) no later than 9-14-81 to:

U.S. EPA, Region V Sites Notification 111 W. Jackson Blvd. Chicago, IL 60604

Your notification will be regarded as late if you do not resubmit this information by the above date. If you have any questions on providing this information, please call: (312) 886-6391.

Sincerely yours, John A. Och

Regional/Project Officer

# Notification of Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is recuired by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

| 4  | Person Required to Notify:   |                                 |  | cate   | o Oil Com-  |  |  |                               |   |  |
|----|--|---------------------------------|--|--|---|--|--|-------------------------------|---|--|
|    | Enter the name and address of the person or organization required to notify.   |                                 | Name Amoco Oil Company   |  |   |  |  |                               |   |  |
|    |  |                                 | Street   | 200  | East Randol   | ph Dri   | ve   | -                             |   |  |
|    |  |                                 | City   | Chic   | ago   |  | State  | IL                            | Zip Code  | 60601  |
| 3  | Site Location:   | <del></del>                     |  | Anoco  | Oil Compar  | ıv Rive  | rfront   | Prope                         | erty  | -  |
|    | Enter the common name (if known) and actual location of the site.  |                                 | Name of Site  Levee "Gate Illinois Route #3  Street Northwest of River Site Being Closed   |  |   |  |  |                               |   |  |
|    |  |                                 |  |  |   |  |  |                               |   |  |
|    |  |                                 | City   | Wood Rive  |   |  | State  | IL                            | Zip Code  | 62095  |
| 5  | Person to Contact:   |                                 |  |  |   |  |  |                               |   |  |
|    | Enter the name, title (if applicab   | le), and                        | Name (Las  | t, First and Title)  | Bartels   | Charl  | es A.,   |                               | rvisor,   |  |
|    | Dusiness telephone number of the person to contact regarding information submitted on this form.   |                                 | Phone 618/251-2403 Waste Control   |  |   |  |  |                               |   |  |
| )  | Dates of Waste Handling:   |                                 |  |  |   | <del></del>  |  |                               |   |  |
|    | Enter the years that you estimate  |                                 | F (V   | 1973   | To (Year)   | 10   | 78   |                               |   |  |
|    | treatment, storage, or disposal bended at the site.  | egan and                        | From (Year   | 1575   | 10 (Year)   |  |  |                               |   | ···-   |
|    |  |                                 |  |  |   |  |  |                               |   |  |
| -  | Weste Type: Chases the esti  |                                 |  |  | _ <del></del>   |  |  |                               | <del></del>   |  |
| E. | Waste Type: Choose the opti  | on you pr                       | erer to co   | mpiete   |   |  |  |                               |   |  |
|    | Ciption I: Select general waste types and sor you do not know the general waste types or encouraged to describe the site in Item I—De  |                                 | r sources,   |  | Option 2: Ti  |  |  |                               | ersons fam<br>Act (RCRA)                              |  |
|    | encouraged to describe the site i  | in item I—C                     | Description  | of Site.   | regulations (   |  |  |                               |   |  |
|    | General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.   | Source                          | of Waste:  | of Site  | regulations ( Specific Typ EPA has ass listed in the appropriate the list of ha | 40 CFR for the second s | Part 261).<br>ste:<br>our-digit<br>ins under<br>number<br>wastes a | number<br>Section<br>in the b | to each ha<br>3001 of R<br>oxes provid<br>s can be ob | zardous w<br>CRA. Enter<br>ed. A copy<br>tained by   |
|    | General Type of Waste:<br>Place an X in the appropriate<br>boxes. The categories listed<br>overlap. Check each applicable<br>category.   | Source of<br>Place an<br>boxes. | of Waste:<br>X in the a  | of Site.   | Specific Type EPA has assetted in the appropriate to                            | 40 CFR for the second s | Part 261).<br>ste:<br>our-digit<br>ins under<br>number<br>wastes a | number<br>Section<br>in the b | to each ha<br>3001 of R<br>oxes provid<br>s can be ob | zardous w<br>CRA. Enter<br>ed. A copy<br>tained by   |
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| _  | AND A CONTRACTOR OF THE PARTY O |   | ·   |  |  |  |  |  |
|----|--|---|---|--|--|--|--|--|
| F  | Waste Quantity:  | Facility Type   | Total Facility Waste Amount   |  |  |  |  |  |
|    | Place an X in the appropriate boxes to indicate the facility types found at the site.  | 1.  Piles  2.  Land Treatment   | gallons Unknown Total Facility Area square feet   |  |  |  |  |  |
|    | In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.  | 3. 🖾 Landfill   |   |  |  |  |  |  |
|    |  | 4. □ Tanks 5. □ Impoundment   |   |  |  |  |  |  |
|    | In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.   | 6. ☐ Underground Injection 7. ☐ Drums, Above Ground 8. ☐ Drums, Below Ground 9. ☐ Other (Specify) | acres 3-4   |  |  |  |  |  |
| G- | Known, Suspected or Likely Releases to   | the Environment:  |   |  |  |  |  |  |
| _  | Place an X in the appropriate boxes to indicate any known, suspected, S Known Suspected Likely Non or likely releases of wastes to the environment.  |   |   |  |  |  |  |  |
|    | Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.   |   |   |  |  |  |  |  |
| H  | Sketch Map of Site Location: (Optional)  |   | 1 NORTH   |  |  |  |  |  |
|    | Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.  | MISSISSIPPI RIVED  AMORE  RIVE  LOADING  BOCK   | WOOD RIVER  AMOTO REFINERY  WOOD RIVER  WOOD RIVER  WOOD RIVER  WOOD RIVER  AMOTO REFINERY  WOOD RIVER  FORTINE  AMOTO REFINERY  WOOD RIVER  AMOTO REFINERY  WOOD RIVER  FORTINE  AMOTO REFINERY  WOOD RIVER  WOOD RIVER  FORTINERY  WOOD RIVER  RIVER |  |  |  |  |  |
| 1  | Description of Site: (Optional)  |   |   |  |  |  |  |  |
|    | Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.   |   |   |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |
|    |  |   | •   |  |  |  |  |  |

## Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing posterior, the signature is extended. notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

| Name      | R. J. Baechle  |                   |         |
|-----------|----------------|-------------------|---------|
| Street    | 400 South Main | Street            |         |
| City      | Wood River     | State IL Zip Code | 62095   |
| Signature | R. J. D.       | r /               | 8-12-81 |

Owner, Present Owner, Past

□ Transporter

Ok Operator, Present

Operator, Past

☐ Other